SIAIL OF MARYLAND—	CERTIFICATE OF DEATH
County Parbat (ounly	Registration Dist, Np. 290
Village or City Caston Ind.	No. Comergency Hospitalst War
	f death occurred in a hospital or institution, give its NAME/instead of street and number)
m. 101	sds. How long in U.S. if of foreign birth?yrsmosd
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TOUR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DINORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased fro
Major Charles Cauce	Jan. 30 ,1937, 10 F86. 3 ,1937
6. DATE OF BIRTH (month, day, and year)	I last saw h. 20 alive on R. D 3, 19.3; death is sa
7. AGE Years Months Days If LESS than 1 day,hrs,	to have occurred on the date stated above, at\\
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Course Herry bosis 1-3-3
9. Industry or business in which	waxwy reams of
9. Industry or Dusiness in which which was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year)	
S I mad	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) QS TOM NA. (State or country)	Munic Murasdela sers
# 13. NAME NOTUSON	The state of the s
14. BIRTHPLACE (city or town) Man Yaud	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy? 22
15. MAIDEN NAME WIRELES	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Man-wall	Accident, suicide, or homicide?
D. P. O. Odama	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT/LLESS (Address)	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Gaysloce Date 193/	- Nature of injury
19. UNDERTAKER JOS. N. JULIUS OSTUM	24. Was disease or injury in any way related to occupation of deceased? 20
20. FILED 2/4 , 19 3 7 M. A. Meeries Registrar.	(Signed) M. Offsell M. M. (Address) S. F. F. T. M.
If more blanks are needed, address State Registrar,	, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, inining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	Date of onset 1 week ago
	1 week ago
Run over by street car	1
2007 0001 03 07 000	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year
	Other contributory causes of importance:

PHYSICIANS should state Exact statement of OCCUPA. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

item of infor-

1. PLACE OF DEATH	2081
County 12/bot	Registration Dist. No. 290
Village or Cin Easton (Dr Merritts Office	-) No DOVER ROAD St. Ward
Length Ar residence in city or town where death occurredyrs,mo	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. DOLL NAME RUSSELL ISAAC ALL	C 11
E F DED all	/ D. If U.S. Veteran apecify WAR.
(a) Residence: No. [as704 F.D Chape (Usual place of abode)	/ /SEZ: Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2 26 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
2-7/13.1-	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h; death is said to have occurred on the date stated above, atm.
1 9 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Arom history of the case
A Take, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and th	
SAW MILL, BANK, etc	agath probably due to
o this occupation (month and year) spent in this occupation	Broncho Dneum nie 220
Tilber Md	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) 10007 Cs. 1110, (State or country)	
13. NAME RUSSELL Olan ALLEN	
13. NAME KUSSELL VIAN ALLEN 14. BIRTHPLACE (city or town)	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Margaret Adkins	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Aussel Wilen (Address)	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Laston Fresh Date 3// 1937	Nature of injury
19. UNOERTAKED THEM OF Spence	24. Was disease or injury in any way related to occupation of deceased?
(Address) Roslow with	If so, specify
20, FILEO 3/1 1937 M. Meeres	(Signad) A. M. O.
Registrar.	(Address))esting Red

STATE OF MARYLAND-CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4 5 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH A MUST
infor- state UPA	1. PLACE OF DEATH	- Con Les Les Les
	County Talkot	Registration Dist. No. 290
tem of should of	Village of Sity Easton Ind.	No. St. Ward
	A COLUMN	death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	Longth of residence in city or town where death occurred yrs,mos	ds. How long in U. S. if of foreign birth?yrsds
Eve	2. DULL NAME Warah / Ussung	Le If U. S. Veteran, specify WAR
CARD. Every PHYSICIANS of statement	(a) Residence: No.	St., Ward.
HAY IT IN	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
K K	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	2. DATE OF DEATH 2 193 4
G L L	58. If marriad, widowed, or divorcad	(Month) (Day) (Year)
BINDING FERMANE EXACT y classified te.	HUSBAND of (or) WIFE of	22. 7 I HEREBY CERTIFY That I attended deceased from
MA MA	Thomas elpingsale	Treb 10 x 1937, to Feb. 13, 1937
BIN ER EX cl	6. DATE OF BIRTH (month, day, and year)	I last saw her aliva on Follow 1277, 1937; death is said
FOR B. IS A PE stated E properly certificate	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, a day of m.
FOR IS A P stated properl	2 2 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trada, profession, or particular kind of work done as SPINNER	Influence 2/9/
ED HIS	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	()
KTT ould may back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
RESERVED G INK—THIS GE should be that it may be ons on back of		
RES VG IN AGE that	10. Date deceased last worked at this occupation (month and year)	
2 4 - 3		Other Contributory Causes of importance:
GIN 'ADI	12. BIRTHPLACE (city or town) (State or county)	Barre Olive Presentation 2 1
UNFA supplied n terms, ee instr	E 13. NAME / Brown C Fish	- July
UD Upp	le la communicación de la	Name of oparation Date of
CO	(State or country)	What tast confirmed diagnosis?
X, WITT carefully CH in pla ortant.	15. MAIDEN NAME Ligabille Vilorial	23, If daath was dua to external causes (VIOLENCE) fill in also the following:
PLAINLY, WI nould be careful OF DEATH in I	16. BIRTHPLACE (city op fown)	Accident, suicide, or homicide?
LYTH	(State or country)	Where did injury occur?
Id be car DEATH y import	17. INFORMANT Mess Carrie Butty	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA Should OF D	(Address) Santa Visa	
4.7	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE ation's AUSE ION is	Placa Latter Date Late 1923	Nature of injury
WRIT mation CAUSI	19. UNDERTAKER Dans (Sterrer	24. Was disease or injury in any way related to occupation of decaasad?
EOH	(Address) Saston Wind	If so, specify
200	20 FILED 2/15 1937 M.H. Nevus	(Signad) Velleagen D. Deyncour M.
> Z	Registrar.	(Address) teastor md.
	 If more blanks are needed, address State Registrar, 	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
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Chronic interstitial nephritish	1921	Run over by street car	1 week ago	
Ccrebral hemorrhage	July 5, 1927	Perilonitis .	3 days ago	
SURSIAU V. R.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Name of the State		•		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- Rose
County Caltor bunky	Registration Dist., No. 290
Village or City & Earlow Me	No. Chergury Horpelal Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) .5 /2 who How long In U.S. n of foreign birth?
2. FILL NAME In Name & Brank	L. If U. S. Veteran, specify WAR.
(a) Residence: No. fe derale burg.	A St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH File (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	72. Feb 16 19 7 to Feb 19 3
6. DATE OF BIRTH (month, day, and year) 4 L. 18 1937	I last saw heen alive on Fat (£ 19 37; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, at
1 day, 5.42 hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	, and the second
SAWYER, BDDKKEEPER, etc.	proces
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last workad at this occupation (month end	Terrior Vyvaluon 2187
11. Total time (years) this occupation (month end year)	
12, BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Jallo Couly	
# 13. NAME Mr Venton Bramble.	
14. BIRTHPLACE (city or town)	Name of operation Version 4 Cubralling 2 1137
(State of country)	What tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Caule Polad. 16. BIRTHPLACE (city or town).	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
(State or country) West Virginia	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT My Ventor Practice	Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Belli Date 2/19,132)	Neture of Injury
19, UNDERTAKER Language Ava & San	24. Was disease or injury in any way related to occupation of decaasad?
(Address) Afderaldhury	If so, specify
20, FILED 2 - 18 1957 M.N. Merris	(Signed) M. D.
Registrar.	(Address) Collin un

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
- CHREAD V. T.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. N. B.—WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2084
1. PLACE OF DEATH	
County Call	Registration Dist. No. 290
Village or City 2 autom P D# 4	No. "Outtode" St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in cits or town whera deeth occurredyrsmos.	
2. FULL NAME Command (Butler
(a) Residence: No. (Usual place of abode)	St.,Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) tel. 5.1937	I last sew h; death is seid
7. AGE Yaars Months Deys If LESS then I dey,hrs.	to heve occurred on the dete stated above, at
9 Trade profession or partiauter	Date of onset
No of this or particular to the control of the cont	(about a mouth)
11. Total time (yeers) this occupation (month and year)	Dither Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Zoston R. D. (State or country)	Dine; Contributory Cases of Importance.
II 13. NAME Edward Price.	
13. NAME 2 deva 2 14. BIRTHPLACE (city or town) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Name of operation Date of Was there an autopsy?
IS MAIDEN NAME Vignera B. Buttle.	23. If death was due to external causas (VIDLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Steta or country)	Accidant, suicida, or homicide? Dete of Injury, 19
17. INFORMANT CAST ACTUS (Address) Cast Day Ord	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Conton, P. H. Dete 2 6 ,1937	Menner of injury
19. UNDERTAKER Translation Buttler (Address)	24. Wes disaese or Injury in any way related to occupation of deceesed?
20. FILED 2/6 , 1937 H. News. Registrar.	(Signed) A Perrue deal Registion (Address) Contour nd
Acgustat.	Contract of the second

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Example I VED		Example II	
The principal cause of death and related causes of importance were as follows in 7 1007	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

S. No. 1 B.—WRITE PLANLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, Every item of infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2085
County called	Registration Dist. No. 291
Village or City St. Michaels	No. Jelba St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? O yrs. mos. ds.
2. FULL NAME Bolomay Caslan	43.
(a) Residence: No. 25 Anichaels Talbol	St Ward.
(d) Residence. 10. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE While S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH February 2 193 (Year)
5a. If married, wildowed, or divorced HUSBAND of Marguet Benjiman Caplan	22. Feb 2 193/to Jeb 2 1937
6. DATE OF BIRTH (month, day, end year) Oct. 12, 1864	I last saw have alive on 3rb 2 1937: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 a.m.
- 72 #3 2/ Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, projession, or particular kind of work done, as SPINNER,	A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. ladustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Coronar thrombosis
work was done, es SILK MILL, SAW MILL, BANK, etc.	- Cowning river osco
0. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation occupation	/////
0.0.	Other Contributory Causes of importence:
(State or country) 12. BIRTHPLACE (city or town) Ulecroya, Russia.	Citerio - selevosio
TI 13. NAME UMNO	
13. NAME 14. BIRTHPLACE (city or town) 14. Citato a country)	Neme of operation
1 (State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME UMO	23. Il death was due to externel causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Cotto or country)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and Stata)
17. INFORMANT Maledin T. Caslan. (Address) St. Michaels Md.	Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL Place Ballimore Debrar Canadapate Feb. 3, 19.37	Manner of injury
19. UNDERTAKER AS Mark au (Address) American As	24. Wes disease er injury in any way related to occupation el deceased?
20. FILED Filed 2 , 1937 When Howald Registrar.	(Signed) J. H. Stofee M. D. (Address) Ox Much alls M. D.
No.	2411 N. Charles Street, Baltimore, Requesting 7) S. No. r

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as Omployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Atlack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

Z

1. PLACE OF D	1/ /			947	
County da	llst				Registration Dist.
Village or City	n city or town where		7 vrs — m	No. (If death occurred in a hospital or in os. ds. How long in U.S	nstitution, give its NAME inste
2 511 101 101	1. 11	. /	_	el	. II of foreign birth?
2. FULL NAME	and for	ugen (arroc		
(a) Residence: N	·(-/	(Usual place	of abode)	St.,Ward.	If nonresident give c
PERSONAL	AND STATIST	ICAL PART	CULARS	MEDICAL	CERTIFICATE OF
Male 4. Co	LOB OR RACE	OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEAT	Hebruary 2
5a. If married, widowed, or	divorced,		and .		(Month)
(or) WIFE of A	in S.	eymo	m	22. I HERE	BY CERTIFY, T
C DATE OF PIRTIE	7/	10-01	7 1917	120.07	19.57, to tel
6. DATE OF BIRTH (month 7. AGE Years	Months	Oays	If LESS than	I last saw h	11 11.
69	11	20	1 day,hrs.	to have occurred on the date	Stated above, at DEATH and related causes of i
8. Trade, profession, o	r particular	7. 1.	ormin.	were as follows:	- B. D. P.
kind of work do	ne, as SPINNER	arjun	·		rang Circum
9. Industry or busines work was done,	as SILK MILL.				to inclusion
SAW MILL, BAN		11 Total t	ime (years) 57) 4		
10. Oate deceased last this occupation (year)	month and	spa occu	nt in this		
12. BIRTHPLACE (city or to (State or country)	Man-	there	Es	Other Contributory Causes of	importance:
		na	00	- Denet	ely
	growin	Carro	th		
14. BIRTHPLACE (city)		olive.	<i>Ca</i>	Name of operation	
15. MAIOEN NAME	with.	1-		What test confirmed diagnosis	
_	annua.	Caro		23. If death was due to external	
16. BIRTHPLACE (city o		un c	0	Accident, suicide, or homicide	? Date of
7. INFORMANT MAG. (Address)	Aim	Carro	12	Specify whether injury occurre	(Specify city or town, ed in INDUSTRY, in HOME, or
18. BURIAL, CREMATION, O	REMOVAL		244	Manner of injury	
Place Jamy J	Tell Cum	Date Mus	192.7		
19. UNGERTAKER MAL	in Elle	wnau	voson	24. Was disease or injury in an	
(Address)	6	() 1 1		If so, specify	

747			***
	Registration Dist. No	. 2	90
NOf death occurred in a hospital or institution		St.,	Ward
death occurred in a hospital or institution	on, give its NAME instead	of street and	number)
ds. How long in U.S. if of	foreign birth?yr	s m	osds.
l			
St. Ward.			
· ·	If nonresident give city	or town and	State
MEDICAL CE	RTIFICATE OF	DEATH	
21. DATE OF DEATH		_1	
te	bruary 2	7	. 193 7 -
	(Month) (Da	y)	(Year)
22. I HEREBY	CERTIFY, That	I attended	deceased from
	9. 97, to Feb.		1097.
I last saw h			:: death is said
to have occurred on the date stated		, 19	-"; death is said
The PRINCIPAL CAUSE OF DEATH		*****	
were as follows:	R C 1	ortance	Oate of onset
Gronou	y Cholodia	m	V937
	t .		
1 to	in chimin		1997.
•			
Other Contributory Causes of Import			
other contributory causes of importa	ance.		
Soulet	/		
- San	K		
What test confirmed diagnosis?	W	as there an a	utopsy?
23. If death was due to external cause	s (VIOLENCE) fili in also i	the following	:
Accident, suicide, or homicide?	Date of in	jury	, 19
Where did injury occur?			
Specify whether injury occurred in I	(Specify city or town, cou	nty and Stat	e)
open, memor many occurred in t	NDOSTRI, III ISOME, OLIII	PUBLIC PL	402.
Manner of injury			

Nature of injury			
24. Was disease or injury in any way	related to occupation of de	eceased?	
If so, specify	7-27-7		
(Signed)	.//euma	m	M. D.
(Address)	exation m	1	
N. C. 1 C. D		0	

Registrar.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 7 19	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF BEATTI
County Talkot	Registration Dist. No. 290
Village or city Castra (16	No. Grand Ward death occurred in a horpital or institution, give in NAME instead of street and number)
2. JULL NAME Fred Chase (a) Residence: No. Caston Maryland	If U. S. Veteran, specify WARmosds
(Usual place of a bode)	If nowresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR, DIVORCED (write tha word)	21. DATE OF DEATH February 23 1937
Male Black Sugle	(Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 7 el 23 1937 to 7 el 23 1937
6. DATE OF BIRTH (month, day, and year) 101+ 19. 1905	I last saw his alive on 7 cl 23, 1937; danth is said
7. AGE Yaars 3 Months Days If LESS than	to have occurred on the date stated above, at // LOK_C.m.
32 5 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mrenie Coma 2-23-51
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupations month and year) 11. Total time (years) spent in this occupation.	Chronic Startitus!
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
1 00	
13. NAME fred Chase 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME Stills 16. BIRTHPLACE (city or town) habely (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT A Q-Sure Christian (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 2/27 1937	Manner of Injury
19. UNDERTAKER JAS. U.S. PILLO	24. Was disease or injury In any way related to occupation of deceased?
20, FILED 2 / 2 4 , 1937 Par 1937 Registrar.	(Signed) M. D. (Address) Sarton M. D.

If more blanks are needed, address State Registrar, 24xx N. Charles Street, Baltimore, Requesting V. S. No. x.

STATE OF MADVI AND CEPTIFICATE OF DEATH

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Chronic interstitial nephritis K	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
and the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

6)	1	h	6	1	6.	1
5	U	J	Č)	C	>

1	. PLACE OF DEATH	
	Count Talbal	Registration Dist. No. 290
	Village or City Zeenel Soulaw (IF	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2	FULL NAME Clirolette Clarks	w A.
1	(a) Residence: No. Bidalles	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS 14. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
1	Tremole Col OR DIVORCED (write the word)	# 20 193 / (Month) (Oay) (Year)
5a.	If married, widowed, or divorced HUSDAND of (or) WIFE of George Celarkson	22. HEREBY CERTIFY. That I attended deceased from 1936 to 34.
6. 1	DATE OF BIRTH (month, day, and yeer) was 1848	I last saw hash elive on
7. /	AGE Years Months Oays If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at . Zm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
NC	8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic Mulgearditio 2/12/5
OCCUPATION	SAWYER, BOOKKEEPER, etc	
UP	work was dona, as SILK MILL, SAW MILL, BANK, etc	
000	IO. Oate deceased last worked at this occupation (month and year)	
12.	BIRTHPLACE (city or town) / Lillebood	Other Contributory Causes of importanca:
00	(State or country)	
HER	13. NAME Pritchett.	
FAT	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
ER	15. MAIOEN NAME	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
MOTHE	7 4000	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
MO	16. BIRTHPLACE (city or town)	Where did Injury occur?
17.	INFORMANT Ungil Moore	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
-	Place Cercal Super, Dato Tel. 23, 193	Natura of injury
19.	UNDERTAKER S. Viegel Zurom	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED 2/23, 19 37 MA Plenies Registrar.	(Signed) Address) 633 Down Holling

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Ma

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Ohl are and the day of	
region regs (special costs with		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

ARGIN RESERVED

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BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	/		

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infor-OCCUPA-Jo pluods item Jo statement PHYSICIAN Exact RE certificate. may back pluods on that instructions SO supplied See plain carefully important. i. DEATH be pluods Very OF LION

CAUSE B

1. PLACE OF DEATH Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town whara death occurred _____yrs____ How long in U.S. If of foreign birth? ______yrs. _____mos.____ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowad, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of, 19....., 19....., 19..... 6. DATE OF BIRTII (month, day, and year) 7. AGE If LESS than Months Days to have occurred on the date stated above, at _____ 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance or min. were as follows: Oate of coast 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date deceasad last worked at 11. Total time (years) spent in this this occupation (month and yaar) occupation_ Othar Contributory Causes of Importance: 12. BIRTHPLACE (city or town (Stata or country) FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_ Was there an autopsy?... MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida?______ Date of injury______ 19. 16. BIRTHPLACE (city or town (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Date Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19 UNDERTAKER (Address) If so, specify 20. FILED Registrar. (Address) _.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 7 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF	lloot.		Registration Dist. No. 2	90
Village or City	Caston		ND. O Mesque of Voscital St., I death occurred in a populal or positivation, give its NAME instead of street and ds. How long In U.S. if of foreign blirth? yrs. m	Ward number)
2. FULL NAM (a) Residence	E augus	ta 6 Tento wissen St. M (Usual place of abode)		
PERSONA	L AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Juneary 26 (Month) (Day)	, 193 7 (Year)
5a. If married, widowad HUSBAND of (or) WIFE of	, or alvorcad		22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (me 7. AGE Years	onth, day, and year) / Months	10 - 1886 Days If LESS than	Mast saw h Lv alive on 71, 26, 1937. to have occurred on the date stated above, at 10.45 P. m.	_; death Is sei
3	_	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca were as follows:	Date of onset
SAWYER, B	DOKKEEPER, etc.	lerk auditug Der	Cerebral Hermonthy	2,23-3
10. Date deceased this occupal year)	last worked at tion (month and	11. Total time (years) spent in this occupation 31.42	Other Contributory Causes of Importance:	
(Stata or countr		Tenton.	Hypertenion	2450
13. NAME A DA 14. BIRTHPLACE (C) (Stata or co		knows	Name of operation	1-27-3
15. MAIDEN NAME 16. BIRTHPLACE (c) (State or c)	city or town).	tu Going	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Sta	, 19
17. INFORMANT (Address) 5	eorge 1.73	eyer h. Balto md	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ACE.
Place Sal	to, Md.	Date 2-27 1937	Manner of injury	
19. UNDERTAKER (Address)	12/fellion	T pala) wol	24. Was diseasa or injury In any way ralated to occupation of daceased?	ho
20. FILED. 2/27	1932 12	& nerres	(Signad) (Address) 3 to Language	м. г

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

ARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		/ 1/2	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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3 1937

1. PLACE OF DEATH	4.0
County Tallion	Registration Dist. No.
Village of City Gastun	No. Omorgana Normal St., Ward (If death occurred in a hospitator institution give its NAME instead of street and number)
2. FULL NAME My Clayton Surjective (a) Residence: No. Junis Mills (Usual place of abode)	mos
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	tel do 193 9
a. If married, widowed, or divorced	(Morith) (Oay) (Year)
HUSBAND of (or) WIFE of	22. Jeb 21 HEREBY CERTIFY, That I attended deceased from 1932 to 28 1937
DATE OF BIRTH (month, day, and year) May 7- 1884	I lest saw h_AAA alive on_ FLV: 28, 19.3.2; death is sai
AGE Years Months Days If LESS that	
32 ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were applicable.
8. Trade, profession, or particular kind of work done, as SPINNER, Menchants SAWYER, BOOKKEEPER, etc	Declowby quelos 1/10
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	100
year) Jan. 1937 occupation 501 2. BIRTHPLACE (city or town) Junia Milla.	Other Contributory Causes of Importance:
(State or country) Maryland	A
13. NAME Komas Trancis Suffet	Constant Description
13. NAME Thomas Inancis Shriffitt 14. BIRTHPLACE (city or town) Williamsburg (State or country) Maryland	Name of operation Asech 7 Oate of 2/22 What test confirmed diagnosis? Surely 10 West here an autopsy?
15. MAIDEN NAME Guphamia Ofill	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town). Williamsburg,	Accident, suicide, or homicide? Date of injury,19
7. INFORMANT My Herbert Griffith	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Castur, Md.	
Place AS TOM , Mul. Oate MW. 3 , 193	Manner of injury
9. UNDERTAKER James A Spines	24. Was disease or injury in any way related to occupation of deceased?
(Address) Sieten Had	If so, specify
0 FILED \$42 1937 M. A. Merry	(Signed) M.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 7 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MUPLIU V. F.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

19. UNDERTAK

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	//-
County near Office , Jell	of County Registration Dist. No. 343
Village or Citynear Offord	No.
Length of residence in city or town where deeth occurred 29 yrs. 9 m	If death occurred in a hospital or institution, give its NAME instead of street and number) os. How long in U.S. if of foreign birth?
2. FULL NAME Tuilliam H. Ha	mmond.
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
male colored OR DIVORCED (write the word)	21. DATE OF DEATH 2 14' 193 4
I. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yehr)
(or) WIFE of	22. 91 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) august 21, 1907	I last saw hall alive on 1937; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, et 5 6 m
29 0 1 day,hrs	were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onest
Industry or business in which	10 mills - premona Let 8 -87
work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
BIRTHPLACE (city or town) Jalhat County	Other Contributory Causes of Importence:
(State or country) Thankond	Inthemas 216-37
13. NAME John H. Hammond	
14. BIRTHPLACE (city or town) Salbot County	Name of operation Date of
(Stete or country)	What test confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME Tingue hichols	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Salvat County (State or country)	Accident, suicide, or homicide? Date of injury, 19
INFORMANT Linnies Land	Where did injury occur? (Specify city or town, county and State)
(Address) All A ma land	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place No. Office do Date tet, 16 19 5	Nature of injury
UNDERTAKER Naurice E. Newram & Broth	24. Wes disease or injury in eny wey related to occupation of deceased?
FILED Yel. 16 1937 Inestations	(Signed) organizations M. D.
docal Registrar.	(Address) Trape Wed
Ulf more blänks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Anthonia	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2094
1. PLACE OF DEATH	107-0
County 12160 T	Registration Dist. No. 270
Village or City 2 5 To Y	No. 210 GoldSboro St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME alice James Hard	Castla U. S. Veteran, specify WAR
(a) desidence: No. 2 10 90 16 560 VU (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OR DIVORCED, OR DIVORCED (write the word)	21. DATE OF DEATH 21. (Month) (Day) (Year)
5a. If married, widowad, or divorced	** O LUEBERY CERTIES That we did not determine
(or) WIFE of Aaron 13. Hardcastle	22. THEREBY CERT! FY That Jattended deceased from Self Manual 21937 to Jel 2/ 1937
S DATE OF BIDTH (month day and year) - 1/3 4/5 1/5 7	I last saw h en alive on Febru 21, 1937; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 400 m.
96 11 2-8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8 Trade profession or particular	Were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Mumonia
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	Oronho adous
this occupation (month and year)	J
4 (exclose min	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) A berdeen Iniss. (State or country)	
I I	
(Stata or country) 1. Cardina.	Name of operation
	What test confirmed diagnosis?
T WITH	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
5 16. BIRTHPLACE (city or town) 12 W 73 ex 7 M.C.	Where did Injury occur?
17. INFORMANT Mary Hardcastle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Placa [2 5) Ton Oata 3/22 , 1937	Nature of injury.
19. UNDERTAKER James A. Spence	24. Was disease or injury in any way ralated to occupation of deceased? If so, specify A
20. FILEO 2/23 , 1937 MJJ. Merrian. Registrar.	(Signed) (MOSE) MUNISTO M. [(Address) Castion Fred
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis AR 7 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. B.			
Land to the state of the state			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be pe OF DEATH in plain terms, so that it may ould be carefully supplied. TION is very important.

STATE OF MARYLAND	—CERTIFICATE OF DEATH 20	95
1. PLACE OF DEATH	93-0	
County Jallot	Registration Dist. No. 29 C)
Village or City Gaston	No. O Morgania Tribution, give its NAME instead of street and number	
Leasth of residence in city or town where death occurredyrs,	mos. 10 6 ds. How long In U.S. iv of foreign birth?mos	ds
2 FULL NAME / It you I Yarrigan	If U. S. Veteran, specify WAR	
(a) Residence: No. Barman Marylan (Usual place of abody)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Undowned		7 Year)
ia. If marriad, widowad, or divorced HUSBANO of (or) WIFE of Aure Harrigan	22. Och 22 136, to Feb 2 1	sed from
5. DATE OF BIRTH (month, day, and year) 1854	1 last saw h www aiive on 7eb 2 ,1937; daat	th Is said
AGE Yaars Months Days If LESS tha	n to have occurred on the date stated abova, at_1.R.2.Q. R.m.	
82 9 1 day,	THE FRINCIPAL CAUSE OF BEATH and latated causes of importance	
8 Trade profession or particular	Date	e of onset
kind of work dona, as SPINNER, Tales a	Paronis my carditis >	430
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his pecuagition (month and		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this cocupation		
12. BIRTHPLACE (city or town) Balts. (State or country)	Other Centributory Causes of Importance:	
I 13. NAME		
	none	
14. BIRTHPLACE (city or town) (State or country)	Name of operation	22
	What test confirmed diagnosis? Was there an autopsy	у!
1,	23. If death was due to external causes (VIOL ENCE) fill in also the following:	10
16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Date of Injury, Where did injury occur?	19
7. INFORMANT Mis Laying English	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) T2 Saddle Styling (To)	(h)	
Place 0 14 1 2 193	Nature of Injury	
9. UNDERTAKER SUS Q., Soluce.	24. Was disaase or injury in any way related to occupation of dacaased? 22	0
(Address) Zaston ma.	If so, specify	
20, FILED 21 4 19 37 M Merris	(Signed)	M. I
Registrar	(Address) Sun Tud,	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECEIVEDI	1915	Attack of epilepsy	1 week ago	
Chronic interstitial pephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 7 1937	July 5,1927	Peritonitis	3 days ago	
BUPPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1902
County Fallot	Registration Dist. No. 242
Village or City Cultural	No.
3 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME / Meliganine H	aleh
(a) Residence: No.	St., Ward. Not a veleran
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male. OR DIVORCED (write the word)	The sale of Death Sele 14'-
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Helewhoote Hoteland	22. O , I HEREBY CERTIFY That I attended deceased fr
7/0000100100000000000000000000000000000	Jel. 11 4937 to Det 14 1931
5. DATE OF BIRTH (month, day, and year) May 12 - 1850	I last saw h was alive on 14 - 90, 1937; death is s
AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at /O_ G_m.
0 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Data of one
SAWYER, BOOKKEEPER, etc.	Vardiae Decrupeiosalin tet 14
SAWYER, BOOKKEPER, etc 10. Data deceased last worked at 10. Data deceased last worked at 11. Total time (years)	
10. Data deceased last worked at this occupation (month and 1978)	
this occupation (month and 1948 spant in this year)	
2. BIRTHPLACE (city or town) Hartlow	Other Coutributory Causes of Importance:
(State or country)	Swone sufocarditis 194
13. NAME Philiam Halely 14. BIRTHPLACE (city or town)	()
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Carolyn Silden	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Carolyn Gilden 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did Injury occur?
7. INFORMANT MISTAL B Halely	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass)	
Place Carlington DC Date Tel 17 , 1939	Manner of Injury
Place Manualow VC Date Vel 1, 193)	Natura of Injury
9. UNDERTAKER James (1 Dienes)	24. Was diseasa or injury in any way related to occupation of deceased? Ho
(Address) Badlow us	If so, specify
10. FILED ter 16, 1937 tollarons	(Signed) Toolla Jopa M.
The state of the s	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAK D TICE	1		
W S.	18		
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

and a			

SD. BINDING RESERVED pluods

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH plnods Registration Dist. No. No. Que a une Vos p. 18th (a)
(If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City of mos. ______ds. How long In U.S. if of foreign birth? ______yrs. _____mos. _____ds. Length of residence In city or town where death occurred PHYSICIANS statement sworth U. S. Veteran, specify WAR_ If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) (Month) classified. 5a. If merried, widowed, or divorced HUSBAND of That I attended deceased from 6. DATE OF BIRTH (month, day, and year) Days 7. AGE Months If LESS than 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or min. Date of onset 8. Trade, profession, or particular UPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.... Jo may 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this 0 so that occupation ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or lown) (State or country) ER 13. NAME FATH Name of operation 14. BIRTHPLACE (city or town) plain (State or country) efully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: in 16. BIRTHPLACE (city or town) DEATH (Stete or country) Easton, Talbot County, marylands pe (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT should OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury __ Cocedenta CAUSE Nature of injury. NOIL 24. Was disease or injury In env way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify B. (Signed). (Address) ___

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 7 1927	July 5,1927	Peritonitis	3 days ago
BEAU V. g	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2098
1. PLACE OF DEATH	34
County Talkat County	Registration Dist. No. 2 90
	No. 6 mer genes Hospitals, Ward death occurred in a hospital or institution, give its NAME instead of street and number) 13 ds. How long In U.S. If of foreign birth? yrs. mos. ds.
100 0 11	
2. FUEL NAME IVW MOSSIE HOWELL	If U. S. Veteran, specify WAR.
(a) Residence: No. Lucen Claud PMC (Usual place of abode)	/ St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warreed.	21. DATE OF DEATH (Month) (Day) (Yaar)
Sa. If married, widowad, or divorcad	
(or) WIFE of Elizabeth Howell	22. I HEREBY CERTIFY. That I attended deceased from Teh. 6, 1937, to 7 4 1, 1937
6. DATE OF BIRTH (month, dey, and year) Oct 6, 18971	I last saw h. c. sh. aliva on fel 14 , 1937; danth is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at
1 f day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
A Trade profession or particular	were as tollows: Date of onset Looks
Trade, profession, or particular kind of work done, as SPINNER, Farmer. SAWYER, BOOKKEEPER, etc.	Besto Brachites 6 who
9 Industry or business in which	Dertal Caries . 2 months
work was done, as SILK MILL, SAW MILL, BANK, etc	ankerlosis left tenfers bucks
O 10. Data dacaased last workad at this occupation (ponth and year) spant in this occupation occupation.	mandibalar Astronlation
	Other Cantributary Causes of Importance:
12. BfRTHPLACE (city or to\(\psi\)) (Stata or country)	Sa la li
13. NAME John) frace!	07.7
E	Man & Black
[f4. BIRTHPLACE/(city or town)	Nema of oparetion
f5. MAIDEN NAME CLASSE Coale ' f6. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
o f6. BIRTHPLACE (city or town)	Accident, suicide, or homlcide?, 19, 19, 19
Colate of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Elezebeth Honel' (Address) Helaboro Mid:	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Heles toro md, Oata Fab. /le ,1937	Nature of injury
19. UNDERTAKER R. B. Ramburgo, (Address) Lucis bare mod.	24. Was disease or injury In eny wey related to occupation of dacaased?
20. FILEO 2/15- ,1937 M. M. Mercus. Registrar.	(Signed) M. D. (Addrass) Scartin 2nd
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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BINDING

FOR

RESERVED

ARGIN

1. PLACE OF DEATH Registration Dist. 10. County Village or City sepital or institution, give its NAME is (If death occurred in stead of street and number) How long in U.S. if of foreign birth? Length of rasided If U. S. Veteran, specify WAR, (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Day) 5a. If marriad, widowed, or divorcad HUSBAND of CERTIFY. .That I attanded deceased from (or) WHEE of 6. DATE OF BIRTH (month, day, and year) . certificate Days Months If LESS then 7. AGE Years 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or____min. 8. Trada, profassion, or particuler NO kind of work dona, as SPINNER, jo SAWYER, BOOKKEEPER, etc., OCCUPAT 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Deta deceesad lest workad at 11. Total time (years) spent in this this occupation (month and occupetion __ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (Steta or country) FATHER 13. NAME Neme of operation ... 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis?_____ Wes there en autopsy?____ MOTHER 15. MAIDEN NAME 23. If deeth was due to extarnel causes (VIOLENCE) fill in also tha following: .16. BIRTHPLACE (city or town) DEATH (Steta or country) Whare did Injury occur? ___. pe (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, 17. INFORMANT should OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE Neture of injury____ MOLL 19 UNDERTAKER (Address) If so, specify (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

(Year)

Date of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
#AR 7 1007				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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TION is very important. See instructions on back of certificate.

should state

STATE	OF	MA	RYLA	ND-	CER	TIFIC.	ATE	OF	DEA.	ТН
EATH	^						IDR.			

1. PLACE OF DEATH	
County Calbot County	Registration Dist. No. 290
	the 1 th
Village or Olly Oca Lon Ma. (II	death occurred in a hospital of institution, hive its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrsmosds.
3 FULL NAME MRS. Jua Neomara	If U. S. Veteran, specify WAR
(a) Residence: No. Royal Oak, Md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	A. DATE OF DEATH PO
5e. If married, widowed, or divorced	(Month) (Day) (Yee)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
James 12. Acount	17 V 13 1937 10 19 14 1937
6. DATE OF BIRTH (month, day, and year) Sept. 30, 1870	flast saw h_Stalive ont_D
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, et. 3 3 - m.
0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	PI
SAWYER, BOOKKEEPER, etc.	Novar preumonia 1-21-17
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and 2/19/3) 11. Total time (years) spent in this	
year) occupetion (month and 144/3)	Other Contribution Courses I Innovational
12. BIRTHPLACE (city or town)	Other Centributery Causes of Importance:
(State or country)	
# 13. NAME Philip P. Le lampte	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Woul Dale of
(Courte de County)	Whet test confirmed diagnosis Phys Yau- Wes there an autopsy? N
15. MAIDEN NAME LAURA R. Helbard 16. BIRTHPLACE (city or town) do lesses Co	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16, BIRTHPLACE (city or town) Dorchester Co	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT COMMANDE	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION OR REMOVAL A 70	Manager of Industry
Place Collette Male Date 1 RV . 17 19 57	manner or injury
Mouse and Janhier	Nature of Injury.
19. UNDERTAKER WALL TWO TO SOME	24. Was dicease or injury in any way related to occupation of deceased?
Thichge Ina.	(Signed) Mulliams (Turnor) M. D.
20. FILED 2 26 , 19.3 Registrar.	(Address) Easton mil

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	14. 18 mm W	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	14 1 1931	July 5, 1927	Peritonitis	3 days ago	
	SUMBAU Y 6.				
Other contributory	auses of importance:		Other contributory causes of importance:	ш-	
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

/	infor	state	UPA	1	
	N. B. WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA		
	ite	Ssh	Jo 1		-
	Every	CIAN	ement		
_	RD.	IXI	stat		
	RECC	. PE	Exact		
5	LN	TI	d.		
STATE AND THE PROPERTY OF THE	IANE	ACT	ssifie		
	ERM	EX	y cla	te.	-
	A P	ted	perl	tifica	-
1	SIS	sta	pro	cer	
1	THI	d be	y be	k of	
	YK L	shoul	it ma	TION is very important. See instructions on back of certificate.	
	IG II	GE	that	o suc	
1	DIN	d. A	08 ,	uctic	-
1	JNFA	pplie	erms	instr	
-	T H	y su	ain t	See	
	WIT	efull	in pl	ant.	
_	ILY,	e car	ATH	port	
	LAIR	ld b	DE	ry in	
	E P	shor	OF	s ve	
	RIT	tion	USE	ON	
	1	ma	CA	TI	
	N. H	1	1		
	1	-			-

011		A		7 0 -
1. PLACE OF DEATH			100	
County QUO	100 C	7.1	Retristration Dist., No. 27	
Village or City	Castun,	IVW.	No. (NOULLY HOSPITAL St., death occurred in a hospital or institution, give its NAME instead of street and no	Ward
Length of residence in city, or	town who what hath occurred		ds. How long in U.S. if or foreign birth?yrsmos	
2. ELEL NAME	ice Rollemina	M	If U. S. Veteran, specify WAR	
(a) Residence: No.	Edenalstung	MAL	St., Ward.	
DEDCOMAL AND	(Usual place)	of abode)	If nonresident give city or town and S	state
3. SEX. \ 4 COCOR QI	PACE IS SINCE MADE	RIED, WIDOWED,	21. DATE OF DEATH	1
Fixale Whit		D (white the word)	7(0.	193
5a. If married, widowad, or divorced	14		(Month) (Day)	(Yeak)
(or) WIFE of	in Neura	w	22. HEREBY CERTIFY. That I attended d	ecaasad from
6. DATE OF BIRTH (month, day, and	yaar) (u.s. 21. 1	904	01 15 10 70	death is said
7. AGE Years	Months Oays	If LESS than	to have occurred on the data stated above, at	
321	5 26	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Oate of onset
8. Trade, profassion, or particukind of work done, as S	PINNER,		Lake Philasic	7/
SAWYER, BOOKKEEPER, 9. Industry or business in whi	etc		Belatial -	-/13/3
9. Industry or business in whi work was done, as SILK SAW MILL, BANK, etc		ue	1.000	k
10. Oate deceased last worked this occupetion (month a	nd 2 10 7 1 sper	ime (yaars) nt in this		
year) + 2-11		pation1_to	Other Contributory Causes of importanca:	7 8
12. BIRTHPLACE (city or town) (State or country)	Madis	b		
I I 3. NAME	olin Br	entore		
14. BIRTHPLACE (city or town).	hube	mun.	Name of operation	
(State or country)	<u> </u>		What test confirmed diagnosis Lexic CC Was there an au	itopsy?
15. MAIOEN NAME	race Jours	3	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town). (State or country)	ugube	muu	Accident, suicide, or homicide? Date of injury	, 19
00.	4. 10.		Where did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA)
(Address)	ado, a Do	a ma	Specify whether injury occurred in Thousand, in Home, of in Public Pla	JE.
18. BURIAL, CREMATION, OR REMO	100, 91	74	Menner of injury	
Place Jeong Lo	Date 1	1954	Neture of injury	
19. UNOERTAKER ATOM	impatem 2	son	24. Wes disease or injury in any wey related to occupation of decaased?	20
(Address) Fac	and with	md.	If so, specify	
20. FILEO 2 1.7 19	1154:110	Registrar.	(Signed) W. Hidualstrug Mil	/_ M. D.
1	If more blanks are needed, a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I		Example II		
The principal cause of of importance were as f	death and related causes collows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephri	lis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 7 1937	July 5,1927	Peritonitis	3 days ago	
	DURGAU V. S) É			
Other contributory caus	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—

	STATE OF	MARYLAND—	CERTIFICATE OF DEATH	2102
1	L PLACE OF DEATH		(8)	100
	County Jalkot		Registration Dist. No.	(90
	Village or City Gaston		No. 6 MLI Quest 140 chalal St., f death occurred in a horpital or institution, give his NAME instead of street a	Ward
	Length desidanca in city or town whare daat	th occurredyrs,mo:	sds. How long in U. Soif of foraign birth?yrs	
2	2. FUCL NAME	Tayre	if U. S. Veteran, specify WAR	
,	(a) Residence: No.	U	St., Ward. 97 C) .
	PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town MEDICAL CERTIFICATE OF DEATH	
1	SEX 4. COLOR OR RACE 5.	. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 / (Yaar)
5a.	If marriad, widowad, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attan-	
6.	DATE OF BIRTH (month, day, and year) 2-	17-37	I last saw h alive on, 19	
7.	AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date statad abova, atm. The PRINCIPAL CAUSE OF DEATH and ralatad causas of importance were as follows:	Dats of onset
LION	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(Stell Borne,	2 173
JPA	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.		Troloped Cond.	
OCCUPATION	10. Data decaased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation	Ayreace	****
	East		Other Coatributary Causes of importanca:	
12	(Stata or country)	nawkand	,	
ER	13. NAME / Jonie Hollinger	vorth Payne		
FATHER	14. BIRTHPLACE (city or town) Censter	reville,	Name of operation Date of	of
-	(Stata or country)	manyland	What tast confirmed diagnosis? Was thera	an autopsy?
MOTHER	15. MAIDEN NAME Lara Turqu	ma Knderson	23. If danth was due to external causes (VIOLENCE) fill in also tha follo	
₩	16. BIRTHPLACE (city or town).	Mariland	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17	INFORMANT My Marrie J. (Address) Lentre ville	Layre M. J.	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC	State) ; PLACE.
18	BURTAL, CREMATION, OR, REMOVAL	1/10 20	Manner of injury	
-	Placa Horgan Qu	Date 2/17 ,1937	Nature of Injury	
19	UNDERTAKER & mangen	ey Hospila	24. Was disease or injury In any way related to occupation of deceased	/
-	(Address) & Octo	The state of	If so, specify (Signed) 7	M. D.
20	FILED 2/17 1931/	Registrar.	(Addrass)	III. U.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal eause of death and rela of importance were as follows:		The principal eause of death and related causes of importance were as follows:	Date of onset	
21710710000070000	1915	Attack of epilepsy	1 week ago	
	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis Peritonitis	3 days ago	
LIACTARUS	V. 8.			
Other contributory causes of importa	nce:	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

20. FILED --

R	egistration Q	ist. No. 2	90
No. Conergenay	House	tal st	Ward
eth occurred in a hospital or institution,	rive its NAME	instead of street and	number)
ds. How long In U.S. if of fore	ign birth?	yrs	mosds.
If U. S. Veteran, speci	ify WAR	•••••	,
St., Ward.			
		ve city or town ar	d State
MEDICAL CERT	IFICATE	OF DEATH	
21. DATE OF DEATH	Λ	5	п
(Mc	Museumenth)	(Day)	(Year)
,			
2. HEREBY C		That I attended	d deceased from
	7.10	CO	, 19.2.
1 last saw h_O1 alive on	2-19	, 19.7	.; death is said
to have occurred on the data stated about	10-	Q.m.	12
The PRINCIPAL CAUSE OF DEATH and were as follows:			Oate of onset
myseard	Le &	he	Cate of Office (
Myseard	mia	Time	7/3/2
Other Emptrichtery Causes of Importance	e;		1-1
Tholey she	-a	ent	1/20/37
Styperlen	ció		1/3/
Name of operation	Toble	Date of	2/1/37
What tast confirmed diagnosis	ed roll	Was there an	
23. If death was due to external causes (\	(IOI ENCE) FIL		
			_
Accident, suicida, or homicide?	Di	ite of injury	, 19
Where dld Injury occur?(S Specify whether Injury occurred In IND	pecify city or to	wn, county and St	ate)
Specify whether injury occurred in IND	JSTRY, In HOM	E, or in PUBLIC P	LACE.
uni			
Manner of Injury			
Nature of injury			
24. Was disease or injury in any way rel	ated to occupat	ion of deceased?	********
If so, specify	() //	The.	
(Signad)	2010	A C	M. D.
(Addrass)	200		100

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Registrar.

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Example I	Ì	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
81			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones #:	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH	1101
1. PLACE OF DEATH		1104
County Taelst	Registration Dist. No. 29	1
Village or City St Michaele	No. St., f death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death occurred. 4 Zyrs. 3 mos	s	osds.
2. FULL NAME Isgas Ratorte	If U.S. Veteran specify WAR	**
(a) Residence: No. St. Michael. (Usual place of abode)	St, Ward. If nonresident give city or town and	Slate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Col. Married	21. DATE OF BEATH (Month) (Day)	, 193 // (Veer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Husband of Sarah Robert	22. I HEREBY CERTIEY, That I ettended of	deceased from
6. DATE OF BIRTH (month, day, and year) Bet, 31, 1870	T- 11/2 4-	death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at	a douth to out
67 3 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER,	9-11	Vate of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	prificulty	7.7/3.7
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year)		
12. BIRTHPLACE (city or town) I allat County	Other Contributory Causes of importence:	
(State or country) mary laces	Broweles Premione	tol/5.
13. NAME Charles N. Paperts 14. BIRTHPLACE (city or town) Tallat Country (State or country) Than land	Name of operation Date of Whet test confirmed diagnosis? Was there en a	Wanny264
15. MAIDEN NAME Telen Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIOEN NAME Selen Smith 16. BIRTHPLACE (city or town) 1 all of County	Accident, suicide, or homicide?	
(State or coun'ry) Mary lund	Where did injury occur? Specify on town, county and State Specify whether injury occurred in MOUSTRY, in HOME, or in PUBLIC PLA	e)
17. INFORMANT Archie Tevrens (Address) St. Michaels Ma	Specify whether injury occurred in MOUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mic Daniel Mode Feb. 17, 1937	Manner of injury	~~~~~~~~
19. UNDERTAKER J. M. Marshall (Address) St. Michael Mil	24. Was disease or injury in eny way related to occupation of deceased?	ro.
20. FILEO FS 15', 1937 John Herwales Registrar.	(Signed) A Sell	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

Loca

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- 11 V. 5.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state N. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified.
TON is very imnortant. See instructions on back of certificate. mation should be carefully supplied. AGE should be

ARGIN RESERVED FOR BINDING

I. PLACE OF DEATH	23	-07
County All 50	Registration Dist. No. 24	<u> </u>
Village or City (If	NoSt., death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of readonce in the or town where death occurred 2.3 yrsmos	ds. How long in U.S. if of foreign birth?yrsr	nos
2. FULL NAME Stone ITo trolo	If U. S. Veteran, specify WAR	
(Residence: No.	St., Ward.	10
(Usual place of abode)	If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	d State
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	2 19	193 5
It merried, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended	deceased fi
(ii) IIIE ii	200 - 1936, to 2-19-	, 19.3
DATE OF BIRTH (month, day, end yeer) 4	1 last saw h alive on 2 - / 6, 19 3	Z; death is s
AGE Years Months Days If LESS than	to heve occurred on the date steted above, at 200, m.	
23 lu turno or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	I Data al an
8. Trade, profession, or particular	2. 1.	Date of on
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Pulmonary Tuberculosis	6m
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	0	
10. Date deceased lest worked et this occupation (month end yeer)		
	Other Coatributory Causes of importance:	
BIRTHPLACE (city or town)		
13. NAME Party Propagation		
1-11	· · · · · · · · · · · · · · · · · · ·	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation	2
R. B. L.	What test confirmed diegnosis?	
15. MAIDEN NAME / BJA 10 Tal/twill	23. If death was due to externel causes (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Dete of injury	, 19
(5.00.00 0.000.00)	Where did injury occur?(Specify city or town, county and St	ate)
INFORMANT JULY JULY LAND LAND LAND LAND LAND LAND LAND LAND	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE,
(Address)	Manage of Injury	
Place Easton Ind Date 2/23, 193	Manner of Injury	
		no
), UNDERTAKER (Address)	24. Was disease or injury In eny way related to occupation of deceased?	
5001	If so, specify (Signed)	
0. FILED 2/20, 1937/1741/lelrels	I COLUMNIA	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. S.	1		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH County Registration Dist. No. 240 Ward Langth of residence in city or typer where seeth occurred 1/40, vrs	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Length of residence in city or town where deeth occurred. Length of residence in city or town where deeth occurred. A. Residence: No. 2. FULL NAME (a) Residence: No. (b) Residence: No. (a) Residence: No. (b) Ward. If u. S. Veleran, specify WAR. (b) Ward. If onemeident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OR RACE (b) SINCIK, HARRIN, DIOWED (write the word) (c) Wilf of Warden, as particular of the word of th	1. PLACE OF DEATH	107-01 Dr Autoria
Length of residence in city or town where death occurred \$40. yrs. mos. ds. How long in U. S. if of foreign bright? mos. ds. 2. FULL NAME (a) Residence: No	County Sallot	Registration Dist. No. 290
2. FULL NAME (a) Residence: No. (Usual place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 5. If married, widowed, or divorand (or) Will of (or) Will of (or) Will of Days 1 ILESS than of the state	Village or City (If	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (writ the word) 5. If married, widowed, or divorced for your form on the state of the state	Length of residence in city or town where deeth occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (swite tha word) 6. DATE OF DEATH 7. AGE Years Months 1 183 tawn hand. Alive of the said to have constructed at the said to have occurred on the date stated above, at \$2.0.4	2. FULL NAME Cillian / Fotos	If U. S. Veteran, specify WAR
3. SEX 4. COLOR OR RACE OR DIVOKED Cwrite the word OR DIVOKED Cwrite the word OR DIVOKED Cwrite the word ON DIVOKED Correct to the date stated above, at \$1.9.3.7; death is said to have accurred on the date stated above, at \$1.9.3.7; death is said to have accurred on the date stated above, at \$1.9.3.7; mere as follows: Date of exercise the word of work done, as \$5 NINER, SAWTER, BODAKEFER, sec. SAWTER, BODAKEFER, sec. Date of exercise the word of work done, as \$5 NINER, SAWTER, bodAKEFER, sec. In It Is saw h. A. silve on Top DEATH and related causes of importance were as follows: Date of exercise the word of the date stated above, at \$1.0.3.7; mere as follows: Date of exercise the word of the date stated above, at \$1.0.3.7; mere as follows: Date of exercise the word of the date stated above, at \$1.0.3.7; mere as follows: Date of work done, as \$5 NINER, SAWTER, BODAKEFER, sec. SAWTER, BODAKEFER, sec. 10.10. Date deceased into the date stated above, at \$1.0.3.7; mere as follows: Date of work done, as \$5 NINER, SAWTER, BODAKEFER, sec. 11. Total time (years) SAWTER, BODAKEFER, sec. 12. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? What test confirmed diagnosis? What definery occurr. Society city or town, country and Seaso Specify whether injury occurred in InDUSTRY, in HOME, or in FUBLIC FLACE. (Address) 13. NAME Address) 14		
OR DIVORCED (waite tha word) 103. If married, widowed, or divorced HUSBAND of Con) Wife of Con)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
59. If married, widowed, or divorced HUSBAND of Cort WIFE		2 27 1937
HISSAND of (or) WIFF of WIFF o	5a. If married, widowed, or divorced	(Month) (Dey) (Taar)
T. AGE Vears Months Days If LESS than 1 day hrs. or min. 8. Trade, profession, or particular were as follows: SAWER, BDDKKEPER, etc	HUSBAND of a	22. THEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Days If LESS than I day	6. DATE OF RIRTH (month, day and year) John 9- 1876	I last saw how alive on Tel 27 , 1937; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc		to have occurred on the date stated above, at \$30.4m.
8. Trade, profession, or particular and the decase of information as SPINRR, SAWYER, BDOKKEPPER etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BDOKKEPPER etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BDOKKEPPER etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BDOKKEPPER etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BDOKKEPPER etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BDOKKEPPER etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BDOKKEPPER etc. 9. Industry or business in which work was done as SILK MILL, SAWYER, BDOKKEPPER etc. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDYAL Place 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of decased? 16. Signod M. D. Registrer. Address) 18. Address 19. Address 19. Address 19. Address M. D. Address M. D. Address		was as fallows t
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATIDN, OR REMDVAL Place (Address) 20. FILED 21. Total time (years) spent in this spent in	Z 8. Trade, profession, or particular	Date of onesot
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATIDN, OR REMDVAL Place (Address) 20. FILED 21. Total time (years) spent in this spent in	SAWYER, BDDKKEEPER, etc.	(Muminia /Froscopa 1/22
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATIDN, OR REMDVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 21. Total time (years) spent in this spent in th	9. Industry or business in which work was done, as SILK MILL,	
Diher Centributory Causes of importance: 12. BIRTHPLACE (city or town)	11. Total time (years) this occupation (month and spent in this	
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsys/ 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What diagnosis? Was there an autopsys/ Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMDVAL Place Place Date 19. UNDERTAKER (Address) 20. FILED 19. 37 Name O operation Name of operation Name of operation Name of operation Name of operation Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Address Manner of injury Nature of injury (Signed) Address M. D. Address	year)	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsylong to the following: 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATIDN, OR REMDVAL Place Date		
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. On the state of the	14. BIRTHPLACE (city or town)	Name of operation
(Specify city or town, county and State) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED (Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury 19. Undertaker (Address) (Signed) (Signed) (Signed) (Signed) (Address) M. D. (Address)	(Stata of country)	What test confirmad diagnosis?
(Specify city or town, county and State) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupation of deceased? (Address) (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased? (Signed) (Signed) (Signed) (Address) M. D. Address)	15. MAIDEN NAME Margaret Box Con	23. If death was due to external causes (VIOLENCE) fill in also the following:
(Specify city or town, county and State) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupation of deceased? (Address) (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased? (Signed) (Signed) (Signed) (Address) M. D. Address)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date 19. UNDERTAKER (Address) 20. FILED 19. The registrar. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Address) M. D. Address)	X (State or country)	
18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Date Date Date Date Dat		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Date Date 19.7 Nature of injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? (Address) 25. The Control of		Manner of injury
19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Signed) (Address) (Address) (Address)	Place less well Date 3/2 , 197	
20, FILED 3/1, 19.3.7 M. D. Pleries (Signed) (Address) Caston M. D. Rogistrat.		24. Was disease or injury in any way related to occupation of deceased?
Registrar. (Address)	3/ 32 20 10/1. 2000	The state of the s
	Registrar.	

2100

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Property V. W.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	
· · · · · · · · · · · · · · · · · · ·	/			

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		11-0	90
County TALbot		Registration Dist. No	290
Village or City £ 95T		NOEMERGENCY NOSPITAL death occurred in a horpital or institution, give its NAME instead of str	
Langth of restrence in city or town who	are death occurredyrsmos	ds. How long In U.S. If of foreign birth?yrs	ds
2. FULL NAME // R. 5	ealsburg My.	R st. Ward.	1 0 "
	(Usual place of abode)	If nonresident give city or to	
PERSONAL AND STATE		MEDICAL CERTIFICATE OF DEA	ATH
Male white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED, WIDOWED, MARRIED, WIDOWED,	21. DATE OF DEATH (Month) (Oe)	, 193(Yaar)
ia. If married, widowad, or divorcad HUSBAND of	all the A. Russell	22. I HEREBY CERTIFY, That I a	ttendad dacaasad from
11 /03. /// (2 7 4 ,19.3 /, to 2/	19.3./
5. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months	Davs 14, 1900	to have occurred on the data stated above, at	19; daath is sal
AGE taars months	// 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importan	ice
3/1-	U 15 ormin.	wara as follows:	Oate of onse
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Farmer	0 11	
9. Industry or business in which		a millersa.	27.12
work was dona, as SILK MILL, SAW MILL, BANK, etc			7/1/3
10. Oata daceasad last worked at this occupation (month and yaar)	11. Total tima (yaars) spent in this occupation		
2. BIRTHPLACE (city or town) (Stata or country)	cherter co	Other Contributory Causes of importance:	2/4/2
	2,11011		······\\ /-/-/-
13. NAME 14. BIRTHPLACE (city or town). (Stata or country)	reherter Co	March 100 - march	ate of
	- Property of the		iera an autopsy?/
- the contract	August March	23. If death was dua to external causas (VIOLENCE) fill in also tha t	
16. BIRTHPLACE (city or town)	renesses of	Accidant, suicida, or homicida? Data of injury	, 19
17. INFORMAN MIS. Science	J. Pussell	Whara did Injury occur? (Specify city or town, county Spacify whather injury occurred in INDUSTRY, In HOME, or In PUL	and State) BLIC PLACE.
(Address) + Address 18. BURIAL, CREMATION, OR REMOVAL	espero ma. IF !		
Place + O claratehre	1) Pole 2 2 1 19 37	Manner of injury	
109-0	15	Nature of injury	190
19. UNOERTAKER	mem son.	24. Was disaase or injury in any way related to occupation of decea	ised?
(Address) / Lecleral	some man	If so, spacify	enon
20. FILED 2/5-, 19 3.7	ff. JY- / Pleners	(Signed) August grant) M.
	Registrar.	(Address) - Thelesalalle	1.0. 1116

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

No. 1

should state

Exact statement of OCCUPA.

A PERMANENT RECORD. Every item of infor-

PHYSICIANS

stated EXACTLY.

FOR BINDING

ARGIN RESERVED

INK-THIS E should be

AGE

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

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SURTAL S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			• 14.1

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

2108

1. PLACE OF DEATH		
County Salbor		Registration Dist. No. 297
Village or City	outside;	NoSt.,v
(A		If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	dead occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME JOHN	Heleurood	
(a) Residence: No.)	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH
man cre	ndower	(Month) (Day) (Yea
5a. If married, widowed, or divorced HUSBAND of (or) WIFF of	a greation	22. O J HER/EBY CERTIFY, That I attended deceased
(or) WIFE of	20 /100	Jok 11 = 1937 to Del 15 - 192
6. DATE OF BIRTH (month, day, and year)	about 1856	I last saw h. Law allva on Dek 13 750, 1927; death is
7. AGE Years Months	Days If LESS than	to have occurred on the data stated abova, at
about 19	1 day,hrs.	The I KINCH AL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	You about	Dimelia harring Jole 1:
9, Industry or business in which	2	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Jalen	
	35 11. Total time (years) 88	
year)	occupation	Other Cautributary Causes of importance:
12. BIRTHPLACE (city or town) Q	1-6-	() //
(State or country)	ore con	_ Leftensa Lefil-
13. NAME Jorny Oh	eword	
13. NAME JOHN STA	2 14 2	Name of oparation Data of
(State or country)	Albre Oo	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	1	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	(Chorn)	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country)		Where did injury occur?
17 INFORMANT Jerry 18	rooks a	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	Oxotora mi	
18. BURIAL, CREMATION, OR REMOVAL	1)9 1) 10: 00	Manner of injury
Place Plan Cyto	pate Dev. 18 , 1937	Nature of injury
19. UNDERTAKER M. & Quins	my 1200	24. Was disease or injury in any way related to occupation of deceesad? No
(Address)	Offord his	If so, specify
20. FILED Set 18- 1937 10	restatoro	(Signed) foresta cora
20. 11. 19. 19. 19. 19. 19. 19. 19. 19. 19	Rocal, Registrar.	(Aparess) State ma

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Example I		Example II	
he principal cause of death and related causes importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
rteriosclerosis	1915	Attack of epilepsy	1 week ago
hronic interstitial nephritis	1921	Run over by street car	1 week ago
erebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 74 000 16:58	1		
CIAR O	1		
ther contributory causes of importance:		Other contributory causes of importance:	
allstones	May 1,1923		1 year .
27 .	May 1,1923		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	34
County Jalbat	Registration Dist. No. 293
Village or City Lister onlacdo)	NDSt.,Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) s
\sim . Or . \sim .	S. F
2. FULL NAME / Coyce ORUMEN	74.5. 5.
(a) Residence: Np. (Usual place of abode)	St., Ward. What a velecow If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH June 1937 (Month)
5a. If married, widowed, or divorced HUSBAND of	(10011)
(or) Wife of alle Rogali	22. 91 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aug 7 1898	I last saw h 444 alive on 24 7 - 1937; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
37 6 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BDDKKEEPER, etc	9 1 0 11
work was done, as SILK MILL,	veriain or well
10. Date deceased last worked at this occupation (month and this occupation th	
year) occupation 4.1	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) New duste	
(State or country)	-
13. NAME Nathand Skumes 14. BIRTHPLACE (city or town) Resulting	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Many Strabut settleson 16. BIRTHPLACE (city or town) Rade Single	23. If death was due to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
State of Country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Rear orange Dold Mele 3, 1927	- Nature of injury
19. UNDERTAKED ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	24. Was disease or injury in any way related to occupation of deceased? 245
90.0	If so, specify (Signed) M. I.
20. FILED 1, 1937 Torrette, Registrar.	(Andress) Andre w
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B. of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 21	11
1. PLACE OF DEATH	The state of the s	
County Salbot	Registration Dist. No. 29	/
Village or City Noyal Oak	No	Ward
	death occurred in a horpital or institution, give its NAME instead of street and num ds. How long in U.S. if of foreign birth?	
Bai DE NI H	yrsmos	as.
2. FULL NAME POSSIL O: SOME		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH?	<u></u>
Lemale white OR DIVORCED (write the word)	JEV- 17, 19	3
56. If married, widowed, or givorced	(Month) (Day)	(Ygar)
HUSBANO OF Charles Stant	HEREBY CERTIFY, That I attended dece	asad from
Jan 31 1970	193/ to 8/ CO / T	19.
6. DATE OF BIRTH (month, day, and year)	, , 0	eath is sald
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	ware as follows:	ate ol onset
8. Trade, profession, or particular kind of work done, as SPINNER, Jouse Work SAWYER, BOOKKEEPER, etc.	7	
I Advice, Business in which	(Mennoma	26-14
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the property of the pr	- Vijaans ara	
and a comparion (month dia)		
year)	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Valbot Co		
(State or country)	5	26.7.
13. NAME JOHN Folland	Onfluenza	
13. NAME John Holland 14. BIRTHPLACE (city or town) Jalbot Co (State or country)	Name of operation Date of	75
(State of country)	What test confirmed diagnosis? Was there an autop	osy? 160
15. MAIDEN NAME Wary Warshall 16. BIRTHPLACE (city or town) Julyot Ce	23. If death was due to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) (Wall of Co	Accident, suicide, or homicide? Date of injury	, 19
(State op country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT STAND STANDS (Address)	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place ea yeck Horn Oato Het. 17, 1937	Nature of Injury	
1/2	24. Was disease or Injury In any way related to occupation of deceased?	70
19. UNDERTAKER (Address)	If so, specify	7
of the same of the same of the	(Signed) 3 1 H Holes	M. D.
20. FILED T, 19 3.7 Registrar.	(Address) DY Michaels Mika	m. v.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	1200
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE	Jalbot		@	Description of the state of	293.
	r City Mean &	cordoral	No.	Registration Dist. NoSt.,	War
	residence in city or town where	(1	f death occurred in a hospital or institution, as	give its NAME instead of street a	nd number)
2. FULL N		Stillbour	- Jaylor		
(a) Kesio	lence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town	and State
PERSC	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERT	TIFICATE OF DEATH	
3. SEX 3	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	2 76	193 7
5a. If married, wid HUSBAND of (or) WIFE of		V		ERTIFY, Thet I attend	led deceesed fro
		0 21 20	19	, to	
	H (month, dey, end yeer) Yeers Months	2 - 26 - 37. Days If LESS then 1 day,	to have occurred on the date stated ebo The PRINCIPAL CAUSE OF DEATH and	ve, etm,	; death is sa
8. Trede, pro	ofession, or perticular of work done, es SPINNER, ER, BOOKKEEPER, etc	ormin.	were es follows:	ou	Date of once
9. Industry o	or business in which wes done, es SILK MILL, MILL, BANK, etc.		moith Lit		
- 11110 00	eased lest worked et ccupetion (month end	11. Totel time (yeers) spent In this occupation	in attendance	at bill.	
12. BIRTHPLACE		nd.	Other Contributary Causes of importance	a: /	
13. NAME	James Tan	flor			
14. BIRTHPLA	CE (city or town)	Oud:	Name of operetion	Oate of	
(21916)	or country)	2	Whet test confirmed diegnosis?	Was there a	n autopsy?
-	GE (city or town)	Mid	23. If deeth wes due to externel causes (\ Accident, suicide, or homicide?		
17. INFORMANT(Address)	miss Lea (He	eth Muse	Where did Injury occur?(S Specify whether injury occurred in INO	pecify city or town, county and S USTRY, In HOME, or In PUBLIC	State) PLACE,
	at home	Date 2/27. 1937	Manner of Injury		
19. UNDERTAKER (Address)	James &	Taylor (father)	24. Wes diseese or injury in eny wey rel		
20. FILED 7/2	7 - 19371	J. L. Gardus- Registrar.	(Signed) Jed Gard (Address) 6	ner-Local Regis ordora, Jud.	ta m

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MAR 2 1937	1		
Other contributory causes of importance:	نسن	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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1	of	pln	CCC	1
1	item	sho	of (
	N. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
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TION is very important. See instructions on back of certificate.

STATE OF MARYLA	ND-CER	TIFICATE	OF DEAT	H 211	13
County Vallot		107-0	Registration Dis	t. No. 29/	/
Village or City Meantt	ND.	urred in a hospital or instit		St	Ward
T. 0 -10		ds. How long in U.S.1f	of foraign birth?		ds.
PERSONAL AND STATISTICAL PARTICULAR	35	MEDICAL C	CERTIFICATE O	F DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write to	OWED, e word) 21. DA	TE OF DEATH	Feb	3	93. 7
5a. If merriad, widowed, or divorced HUSBAND of (or) WIFE of	22.4	I HEREB	(Month) Y CERTIFY		(Yéar)
6. DATE OF BIRTH (month, day, end yeer) July 28 193	5- last se	w harmalive on	Tel 3	19 J.7 d	aath is sald
1 1		occurred on the date stel	the second secon		
0 6 or	I I I I I I	INCIPAL CAUSE OF DEA s follows:	ATH end related causes o	,	ate of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date decaased lest worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	B	melio,	Prema	/	126/37
work was dona, as SILK MILL, SAW MILL, BANK, atc	Ja	preded by a	common cold	. Dioration	
10. Date decaased lest worked at this occupation (month and year)		ne week . C	10 / 1-0 / 1-0		
12. BIRTHPLACE (city or town) Meant ma	Dthar C	Contributory Causes of imp	portance:		
13. NAME John & Thamest 14. BIRTHECACE (city or town) Neavitt					
14. BIRTHECACE (city or town) Maritte (State or country)		f operation st confirmad diagnosis?	Zeen	Deta of	Σ,
15. MAIDEN NAME Mary E. Lednum 16. BIRTHPLACE (city or town) Withman		th was due to axternal ca		Was there an auto	psy?
16. BIRTHPLACE (city or town) Williams (State or country)		t, suicide, or homicide?	Date	of hjury	., 19
17. INFORMANT John E. Thamest (Address) nearist me	Specify	whather injury occurred	(Specify city or town in INDUSTRY, in HOME,	n, county and State) or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL Place Nearth, Date Sut 5	10 37	of injury			
19. UNDERTAKER Newnam + Harrison (Addrass) (St. milacles, md.	24. Was o	disaese or injury in any v	wey ralated to occupation	of dacaasad? Zu	2
20. FILED J.	egistrar.	gnad) (Addrass)	With	Telle	M. D.
If more blanks are needed, address State	e Registrar, 2411 N. C	harles Street, Baltimore, R	Lequesting V. S. No. z.		

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Example 1	200	Example II	
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CIECAU V. W.	3 3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEA	ATH
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	-6	-50	100

1. PLACE OF DEATH		(95%)	
County Talbot		Registration Dist. No. 2	7/
Village or City Willman		No. St	Ward
Length of residence in city or town where death occurred83		death occurred in a horpital or justitution, give its NAME instead of street and death of the death of street and death of the death of the death of the death occurred in the death occurred in a horpital or justification of the death occurred in a horpital or justification, give its NAME instead of street and death occurred in a horpital or justification, give its NAME instead of street and death occurred in a horpital or justification, give its NAME instead of street and death occurred in a horpital or justification, give its NAME instead of street and death occurred in a horpital or justification, give its NAME instead of street and death occurred in the death occurred in	d number)
2. FULL NAME John & War	ner		
(a) Residence: No(Usual place of a	abode)	St., Ward. If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL PARTIC	JLARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (male) Market	write the word)	21. DATE OF DEATH Yell (Month) (Oay)	
5e. If married, widowed, or divorced		(Motti) (Oay)	(Tear)
HUSBAND of L. Blancke Harrise	mo	HEREBY CERTEX, Thet I attende	deceesed from
6. DATE OF BIRTH (month, day, and year) May 22	1851	I lest saw here alive on Feb / 9 ,195	Z; death Is said
	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et 3.3 2	
R Trade profession or particular	1	Cartis Banal Novem	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and			
10. Oate deceased last worked at this occupetion (month and 1930 year)	n this		
12. BIRTHPLACE (city or town) Wicomico Co (State or country)	>	Other Coutributory Causes of importence:	
1 8: 7 1		Myse	
I ATT P.	mes		
(State or country)	- 2T	Name of operation Date of	A
	mal	What test confirmed diagnosis? Was there en	autopsy?
16. BIRTHPLACE (city or town) Wicomaco	Co.	23. If death was due to external ceuses (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Date of injury	
State or country) 17. INFORMANT Oven B. Harris	Luc	Where did injury occur? Specify city or town, county and St Specify whether injury occurred in INOUSTRY in HOME, or in PUBLIC P	ate) LACE.
(Address) Wittman m			
18. BURIAL, CREMATION, OR REMOVAL Place Wutman Med Date Feet	27 ,1937	Manner of injury	
19. UNDERTAKER Newmann + Warne (Address)	ron	24. Wes diseese or injury in any way related to occupation of deceased?	ح ا
20. FILED 3 45 25, 1937 John Hw	wole	If so, specify (Signed) (Signed)	
Local	Registrar.	(Address)	read

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	(F)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	0110
County Dalbary	Registration Dist. No. 294
Village or City Dieg home	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs, mos.	. 2 G/ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Transh Mary 2	hite
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SPX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h & alive on Fel 2 193 c death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at Pm.
7 2 4 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:
8 Trade profession or particular	Boogen Porengions Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	B-leta 10
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at his occupation (month and spant in this	Pringer Cause of the Broscho Incumoria:
SAW MILL, BANK, etc.	Influenza, from history, Centell
O 10. Oate deceased last worked at this occupation (month and yoar) occupation	Duration: Two days, from history
of of the state of	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) and self the self con (State or country)	
14. BIRTHPLACE (city or town) Sumter D. C.	
14. BIRTHPLACE (city or town) Sumter D. C.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MATOEN NAME CELESE CHILLIAS	23. If death was due to external causes (VIOLENCE) fill in also the Tollowing:
15. MATOEN NAME Click Chields 16. BIRTHPLACE (city er town)	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Accel Dieglingen hid.	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CLEMPTON OREMON PERSON his	Mannar of injury
Place	Natura of injury.
19. UNOERTAKER J. Marshall had	24. Was disease or injury In any way related to occupation of deceased?
20. FILED My 1037 I Juneary Registrar.	(Signed) M. D. (Address) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	imple I		Example II	zampies.
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	that is a first	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	* 20	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AF 8 10 1	July 5,1927	Peritonitis	3 days ago
1 2	SAII V a	1		
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR I	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

L. PLACE OF DEATH	Registration Dist. No. 290
Village opcity Section Trad	Registration Dist. No. 240 No. St., W.
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
FILL NAME RETIRE	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
If married, widowed, or divorced	(Month) (Day) (Pear)
HUSBAND of Cory WIFE of Corece L. Larlatine	22. HEREBY CERTIFY That I attended deceesed f
a listing	- 1936, to fell 1, 1939
AGE Years Months Days If LESS than	to heve occurred on the dete stated ebove, all m.
68 4 4 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	- Mour Sultistilies
9. Industry or business in which work was done, es SILK MILL, Consultation SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	- In the state of
this occupation (month and 914 spent in this occupation	(10g Will 173
. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Capt Thos) whitby	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME	23. If death was due to externel causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stele or Country)	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 2 as 5 7 192	Neture of injury
UNDERTAKEN CILLES (Species,	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Easlow Find	If so, specify
91 2 22 N.11 Na.	(Signed) IT MADOS MANUS (No. 1)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

should state

stated EXACTLY. PHYSICIANS

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

TION is very important. See instructions on back of

certificate.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every

AGE should be

FOR BINDING

ARGIN RESERVED

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A STATE OF THE STA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		108
County albert	,	Registration Dist. No. 290
Village or City Gaston	(lf	No. Gmesques Hospatal St., death occurred in a hospital or institution, give its NAME instead of street and number
Length of residence in city or town where	deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos
2. FOLL NAME 77. Johnson (a) Residence: No.	Withels Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 2 3 , 193 (Month) (Day) (1)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Hanny	Haddaway	22. Feb 22 1937 to Feb 23 1
6. DATE OF BIRTH (month, day, and year)	00.18,1884	Hast sew him elive on Feb 33 ,1937; deet
7. AGE Yeers Months	Deys If LESS then 1 dey,hrs.	to heve occurred on the dete stated above, et 3:32 a.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	armer	Primarine ca lotar IT 2.
work was done, es SILK MILL, SAW MILL, BANK, etc	13 Tabel Simo (cores)	
10. Dete deceesed lest worked et this occupetion (month and yeer)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	elst Go	Other Contributory Causes of importance:
I 13. NAME TO THE TO THE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL T	Wrightines	
14. BIRTHPLAGE (city or town) 10.	elat co	Name of operation Dete of Dete of What test confirmed diagnosis? Wes there en eutopsy
E 15. MAIDEN NAME Sarah	a moduay	23. If deeth was due to externel ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Arabet 16. BIRTHPLACE (city or town) (State or country)	estolo	Accident, suicide, or homicide? Dete of Injury, Where did Injury occur?
17. INFORMANT Allers (Address)	Jughton mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 2/05 2	Menner of injury
Place Cartt Ala	Dete	Neture of injury
19. UNDERTAKE LUVASUS (Address)	Harrison	24. Was disease or injury in any way related to occupation of deceased?

JARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		18. To
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: